

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18049	2. Fiscal Year Covered From: 7 / 01 / 04 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOHN H ANTONICH P.O. Box, Bldg., Room No., if any Street 300 S GRAND BLVD City ST LOUIS State MISSOURI ZIP Code + 4 63103	4. Name, file number, and address of labor organization. Name AFSCME LOCAL 88 Labor Organization File Number 031843 P.O. Box, Building and Room Number, if any Street 300 S GRAND BLVD City ST LOUIS State MO 63103 ZIP Code + 4 2448
5. Position in labor organization. RECORDING SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature :

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John H Antonich

On 03/13/05
Date

314 535 9615
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SPECTOR J WOLFE LLC
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 206 W ARGONNE
City KILBOURN
State MO 63122 ZIP Code + 4

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

LEGAL SERVICES

11.b. Approximate dollar value of such dealing.

53,021

12.a. Nature of interest held or income received.

CHRISTMAS GIFT

12.b. Amount.

50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GROUP HEALTH PLANTrade Name, if any: GHPP.O. Box, Bldg., Room No., if any Street 111 CORPORATE OFFICE DRCity State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 88 HEALTH WELFARETRUST FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4260 SHORLINE DRCity EARTH CITYState MO. 63043 ZIP Code + 4

11.a. Nature of such dealing.

HEALTH INSUR PROVIDOR11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

BASEBALL TICKET12.b. Amount. 98.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 88 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4260 S.H. REELING DR

City EARTH CITY

State MISSOURI ZIP Code + 4 63045

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 88 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4260 S.H. REELING DR

City

State ZIP Code + 4

11.a. Nature of such dealing.

~~RECEIVED EDUCATIONAL~~
~~SEMINAR, TRAVEL, AIRFARE~~

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

BENEFITS EDUCATIONAL
SEMINAR, TRAVEL, AIRFARE, EXPENSES

12.b. Amount.

17.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.